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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RUBBER COMPOSIT		MATIC TIRE	is sought on	the mventio	n entitled:
the application of which is attached hereto	OR	☐ was filed on	Application	Number vas amended	tates Application
I hereby state that I have reviewed and u by any amendment specifically referred to	nderstand the conto	ents of the above identified apple	ication, incl	uding the cla	aims, as amendec
I acknowledge the duty to disclose in continuation-in-part application(s), mater the national or PCT international filing date	ial information wh	iich became available between th	defined in ne filing dat	37 CFR 1.5 e of the pric	56, including for application and
I hereby claim foreign priority benefits un or plant breeder's rights certificate(s), or than the United States of America, listed patent, inventor's or plant breeder's rights application on which priority is claimed.	nder 35 U.S.C. 119 365(a) of any PC below and have a	P(a)-(d) or (f), or 365(b) of any for international application(s) whatso identified below, by checking	ich designation the designation of the box.	ted at least of any foreign a filing date	one country other application(s) for before that of the
Prior Foreign Application Number(s)	Country	Foreign Filing Dat	e	Priority Yes	Claimed No
2001-9031 1	Japan	17,January,2	-		
I hereby claim domestic priority benefits to States provisional application(s), or §365 insefar as the subject matter of each of International application in the manner proto disclose any information material to the filing date of the prior application and the	(c) of any PCT Int f the claims of the ovided by the first e patentability of the	ternational application(s) designa is application is not disclosed paragraph of Title 35, United St. this application as defined in 37	ting the Un in a listed ates Code, § C.F.R. 1.56	ited States, I prior United	listed below and, d States or PCT
Prior U.S. or International Application Num	nber(s)	U.S. or International Filing Date		Status	
I hereby appoint all attorneys of SUGHR	UE MION, PLL	C who are listed under the US	PTO Custo:	mer Number	shown below as

I hereby appoint all attorneys of **SUGHRUE MION**, **PLLC** who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVE	ENTOR:						
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City	State	Zip	Country				
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Given Name		Family Name or Surname					
(first and middle [if any])		Taining Training of Burname					
Inventor's Signature		T	Date				
Residence: City	State	Country	Citizenship				
Mailing Address:							
City	State	Zip	Country				
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Given Name (first and middle [if any])		Family Name or Surname					
Liventor's Signature			Date				
Residence: City	State	Country	Citizenship				
The state of the s	State						
Mailing Address:	G	Zip	Country				
City NAME OF FOURTH INVENTOR	State .	Lip	Country				
Given Name							
(first and middle [if any])							
Inventor's Signature			Date				
Residence: City	State	Country	Citizenship				
Mailing Address:							
City	State	Zip	Country				
NAME OF FIFTH INVENTOR:							
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature			Date				
Residence: City	State	Country	Citizenship				
Mailing Address:							
City	State	Zip	Country				